

Country Life Insurance Company
1701 North Towanda Avenue
P.O. Box 2000
Bloomington, IL 61702-2000

Consumer Service Telephone No. 1-877-538-6441 **Form No.** LTC-500(WI 12/03)

First-Year Commission: 33% **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days
50	\$ 496.43	\$ 424.30	50	\$ 782.38	\$ 668.70
65	1,183.92	1,011.90	65	1,958.23	1,673.70
70	1,971.57	1,685.10	70	3,338.01	2,853.00
75	3,199.37	2,734.50	75	5,571.77	4,762.20
80	4,739.90	4,051.20	80	8,372.99	7,156.40

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	50% or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	30, 90, 180 or 365 days	30, 90, 180 or 365 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Indemnity Benefit
Alternative Plan of Care	Equipment Purchase	Inflation Protection
Assisted Living Facility	Hospice Care	Monthly Home & Community Care
Bed Reservation	Respite Care	Nonforfeiture Benefit
Care Coordination	Spousal Discount	Paid-up at Age 65
Caregiver Training	Waiver of Premium	Paid-up Survivor
		Restoration of Benefits
		Return of Premium
		Ten-year Premium Payment

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Consumer Service Telephone No. 1-877-538-6441 **Form No.** LTC-540(WI 12/03)

First-Year Commission: 33% **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
6-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 834.00	\$ 712.82	50	N/A	N/A	
65	1,988.98	1,700.00	65	N/A	N/A	
70	3,312.24	2,830.96	70	N/A	N/A	
75	5,374.94	4,593.96	75	N/A	N/A	
80	7,963.04	6,806.02	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	50% or 100% of nursing home benefit
Benefit Period	6, 8 or 10 years	6, 8 or 10 years
Elimination Period	30, 90, 180 or 365 days	30, 90, 180 or 365 days
Must be met once per lifetime for each insured person.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Indemnity Benefit
Alternative Plan of Care	Equipment Purchase	Inflation Protection
Assisted Living Facility	Hospice Care	Monthly Home &
Bed Reservation	Respite Care	Community Care
Care Coordination	Waiver of Premium	Nonforfeiture Benefit
Caregiver Training		Paid-up Survivor
		Ten-year Premium Payment